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ABSTRACT

The status of social, medical, and educational services to young handicapped children in Denmark is described. The report includes information on incidence of handicap, current legislative provisions, implementation of special educational assistance, qualifications of the special education teacher, and characteristics of preschool classes. Separate sections are devoted to infants and young children with services for infants and young children with language and speech difficulties, hearing impairments, visual impairments, motor handicaps, and mental retardation. Social services such as day nurseries and institutions are noted. A historical review of preventive work among expectant and nursing mothers and infants is provided. Cooperation in the delivery of services between the education, social, medical, and psychological services is summarized. The model program at Karlebo is specifically described. A study of service needs in one Danish borough indicated that the health services needed to be supplemented by interdisciplinary services of teachers and social workers to insure early identification of all handicaps. A detailed example of the special educational program for language retarded young children in Copenhagen concludes the report. (DB)

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Early Measures against Handicaps in Children

September 1979

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Early measures against handicaps in children

Introduction

For several years ante-natal examinations have been conducted with a view to early demonstration of handicaps.

Any expectant mother is entitled to free examinations by a doctor or a midwife that may tell her whether there are special circumstances to be observed in her pregnancy or delivery, including the risk of the expected child being born with a handicap.

General risk programmes for infants are not provided for by statute, but in several counties the social and health departments follow children at risk of developing handicaps in order to prevent or limit the effects of retarded development during the first years of childhood.

In these counties the development of threatened children and others has been compared. Previously, examinations were performed by doctors, but other professional groups - for example school psychologists - are being involved in the work to an increasing extent. It is realized that measures to promote development usually call for educational aids.

Until now the children who have been referred to special educational assistance, including family guidance, have especially been those who have reduced hearing and vision or suffer from motor handicaps. However, also the psychically retarded receive educational attention, and experience with early stimulation and training of senses and bodily functions is good.

Certain physical handicaps, such as brain and bodily deformity may be observed immediately when the child is born. Impaired vision and reduced hearing manifest themselves at a later time, depending on the degree of the handicap.

Language and speech difficulties, perhaps organic in origin, are rarely observed until the child is two or three years old when the expected linguistic development fails to take place.

Still later - in the age of three to five - some children show signs of late development or other psychic deviation. The causes are sometimes to be found in the situation before the birth, now and then in defects or deficiencies in the child's years of growth.

Scope

At the time of starting school up to 5 per cent of all children have difficulties preventing them from following ordinary education.

National statistics are not available, and qualified offers of special educational assistance for infants are still so unevenly distributed on the 275 municipalities in Denmark that current information is not representative. It is expected that we will have a nation-wide registration some time during the 1980s, making it certain that all children entitled to special education will be offered adequate measures, corresponding to the special educational offers in the school age. The quality of the special educational assistance depends in particular on the educational capacity for school psychologists, specially qualified teachers and assistant staff. At present, qualified staff is in great shortage.

Visiting field work depends particularly on parents, health visitors, doctors and others responsible for children. They must not only be attentive to the child's general development, but must observe specific fields, such as language, hearing, vision and movement. Relations to others in the home or in the institution play a role as well. Retarded development does not have to be significant in order for the child's development to be considered threatened. The domestic background may be so weak that even small handicaps require educational

or other assistance to the mother, often by way of financial aid or support educationist.

It is estimated that the causes for referral to special educational assistance are distributed as follows:

Language difficulties	40 per cent
Reduced hearing	5 - -
Impaired vision	0.5 - -
Motor handicaps	0.5 - -
Generally retarded development	12 - -
Psychic deviations	24 - -
Threatened development	15 - -
Parental wish for early start of schooling	3 - -

Current provisions

The Primary and Lower Secondary School Act of 1975, as amended on June 8, 1978, comprises provisions relating to special educational assistance, including special education of children and young adults aged 0 to 18 years who are in need of such education. The assistance shall be provided free of charge for the parents. There is an unconditional obligation on the part of local school authorities to implement necessary and adequate measures.

As early as in 1969 the Danish parliament decided that the assistance should be extended in such a manner that the children may stay in their normal environments, where possible.

By special educational assistance are understood measures aimed at preventing, remedying or limiting the effects of handicaps.

The measures may comprise education, stimulation and training of the child, advising and counselling parents and others who mind the child daily, as well as supply of technical and educational aids, including suitable toys.

Integration may be promoted by changing buildings, arranging transport and providing treatment facilities, where this is possible and justified.

It is often necessary to involve physiotherapists, occupational therapists, doctors, psychologists and other assistant staff in the planning and implementation of special education. The individual effort may at times seem an isolated measure, but parental and expert assistance to the child is practically always coordinated.

Implementation of special educational assistance

Special educational assistance should be begun as early as possible. This requires that those who deal with the child are attentive to its difficulties and are acquainted with the kind of help available and the ways to obtain it.

Some problems may be ascertained just by observing the children and their activities. Other problems manifest themselves only after exhaustive examinations. Special equipment and interdisciplinary cooperation are frequently required to carry the examinations through.

Problems of a social and psychic nature reveal themselves when the child attains an age where its surroundings make demands and compare with knowledge and skills common in the age group concerned.

Parents, health visitors, registered child minders, general practitioners, staff at a day institution and others with whom the child is in direct contact, have good possibilities of observing handicaps or signs of retarded development in the child. It is important, however, to provide information on what to observe in the child, and names and addresses of those giving assistance. This may be done through educational basic courses, leisure time education, courses for parents, study circles, as well as informative material to young parents and leaving classes in the primary and lower secondary school,

and also use of the media.

Special educational assistance is applied for at the educational-psychological service in the municipality in which the child lives. The service attends to the examinations required, and, if necessary, it makes proposals for measures and appoints a consultant to follow the child and ensure continuity in the measures. The child and its parents shall not find their way themselves through the public institutions in their search for the assistance to which they are entitled.

The often rapid development, which is characteristic of infants, necessitates that the educational-psychological service continuously follows the development in the children they receive for special educational assistance. This takes place for example through talks with parents, doctors and others who in their daily work have an opportunity of observing the child. Reevaluation of the child's situation and the effect of the measures agreed upon shall be performed at least every six months and more frequently if circumstances so warrant , under the ministerial provisions. On the background of these examinations and talks between the parties involved, steps shall, where required , immediately be taken to change the content and scope of the assistance in accordance with the conditions observed.

As in respect of implementation of special educational assistance parents and other key persons shall, to the greatest extent possible, agree to changes. In all cases measures are initiated on the basis of proposals from the educational-psychological service. The proposals should be considered as an offer to the parents, and social, coersive provisions can only be applied if the child is neglected. These provisions are surrounded by so ample opportunities of appeal and protection of parental rights that they are only rarely employed. Only in rare cases are the parents not anxious to cooperate, and there is such a wide knowledge of the possibility of getting support to handicapped infants that normally the parents themselves appear as the child's natural and best attorney.

When a child who receives special educational assistance reaches the time of starting schooling - either in a pre-school class or in the first form - the result of the assistance provided shall be evaluated and be used as the basis for advice on the organization of the education. This is usually done by a "treatment meeting" between those who have been and are going to be responsible for the child. The child's first years at school are often organized as a continuation of the previous work. This may be effected by letting the same circle of persons support the child, before as well as after the commencement of schooling.

The specially qualified teacher

The exacting special educational work with infants requires substantial expertise among teachers and others responsible for the performance of the work.

The specially qualified teacher must have a basic training and be experienced as a teacher of a section of ordinary pupils in the age group concerned. He must also have an allround knowledge of possible forms of retarded development in the early childhood and exhaustive specialist knowledge of the handicaps that are pronounced in the children he is going to work with.

In addition to a basic training as a primary school teacher or kindergarten teacher, the specially qualified teacher must have taken a supplementary course in special education of a duration of at least 18 months. The course is provided by the Royal Danish College of Education and its branches in the provinces. It includes studies in general special education for one and two terms, where the general didactics are exemplified by a study of two of nine possible special subjects in handicaps.

The special subjects are: speech defects, poor sight, reduced hearing, motory handicaps, slow reading, general difficulties of learning, mental retardation, behaviour problems and psychic sufferings.

The studies may be distributed over an extended period, part-time study. The training as a specially qualified teacher is followed up by short in-service training and further specialization. In this field there is an incipient cooperation between the Scandinavian countries.

Infants who are entitled to special educational assistance will frequently also need other help. Cooperation between sectors and groups of professionals calls for mutual information, for example knowledge of each other's inside language. This cooperation on basic courses is in the planning phase.

Journalizing of information on the child's development, previous measures of assistance and its overall situation should be coordinated between the departments and institutions involved, which also puts focus on supplementary training courses.

Special fields

Under the Primary and Lower School Act, preschool classes must be established at municipal and may be established at private schools. In private schools parents shall pay 15 per cent of the costs.

These classes make the time of starting school more flexible and bridge in an excellent manner home and school for the 5-7 year olds starting school. This is especially an advantage for the handicapped.

The classes are popular among parents. The number of children per classes is maximum 2o. If this number is exceeded, an assistant must be appointed. In that case the maximum number of children per class is 28. The schools are normally open three hours five days a week.

If some of the children in a pre-school class suffer from any handicaps educational psychological service and special educa-

tional assistance must be offered to the child concerned, his parents and personnel, corresponding to the demands in the school.

During the 1970s local authorities have expanded the special educational service in respect of preventive and remedial measures in the pre-school age. A case in point is special education of the speech-handicapped, comprising about 2,5oo children in pre-school classes and about 2,ooo below that age. The last figure will probably rise within the next few years.

Infants with language and speech difficulties

At present there are two speech institutes of which one covers the western and the other the eastern part of the country. Local departments are established in each county.

The institutes provide instruction and treatment. Children having severe difficulties are admitted for observation for some weeks, where they are subject to educational-psychological and medical examinations. The period of observation may result in their being referred to a special kindergarten, but in most cases the institutes co-operate closely with the local kindergartens about the best possible conditions for linguistic stimulation. At intervals a speech teacher and speech consultant visit the kindergartens and instruct staff and parents, and sometimes they teach the children. In addition, courses are provided for pre-school teachers.

The speech institutes in Copenhagen and at Aarhus have special departments for children who are born with a cleft palate or other defects in the speech organs. These children receive comprehensive treatments beginning immediately after their birth and continuing with surgical treatment, straigthening of malformed teeth and educational treatment until the best possible result has been obtained, functionally as well as cosmetically.

Hearing handicapped infants

If a child suffers from reduced hearing it is essential that this handicap is detected as early as possible so as to make it possible to provide instruction and guidance, technical aids, in short to support the child in its development.

The health visitor scheme, according to which all infants receive routine visits in the homes at intervals, is an important part of the visiting field work for these as well as other children who are thought to be particularly at risk of developing handicaps. Usually a hearing test is conducted when the child is six to nine months old. If the parents, health visitor or the doctor suspects that the child suffers from impaired hearing it must be referred to a hearing clinic at the county hospital and perhaps to a clinic for educational examination and guidance. The child is usually observed for a period of 8 to 14 days, and remedial measures and family guidance are provided according to the degree of the handicap.

Irrespective of parental incomes, educational and technical services for handicapped children are free of charge for parents. The number of hearing-handicapped infants receiving educational support is about 1,ooo.

Visually handicapped infants

Until now infants suffering from severe vision defects have received support and guidance from the Refsnæs School which is a national central institution for blind and partially sighted children. Gradually the counties have appointed infants and sight consultants, and in the course of a few years this local service will create the basis for intensive service for this group of handicapped children.

About 5oo infants are registered as partially sighted, and of them about 2oo are mentally retarded, and about 1oo children are blind. Most of the children live with their parents, who

need comprehensive assistance and relief at intervals. When the child is three years old the support to the child is intensified in co-operation with the local kindergarten so that the visually handicapped children, where possible, may grow up among non-handicapped children.

The consultant is entrusted with the task of following the situation of the child and the family and he must see to it that the family receives the assistance it is entitled to under the laws. Morecver, the consultant must show the parents how to stimulate the child with the things available in the home, and must propose expedient toys and where required borrow such toys for the parents.

Once ore twice a year the parents are offered a course of three to four days. Before partially sighted children start school they are invited to attend a school readines test. Practically all normally gifted children who are blind live with their parents. Upon request from parents, the Refsnæs School will admit children for a short or long period to observe the children and to releive the parents.

Motor handicapped infants

Especially multi-handicapped children may need home help service and allowances. Only few infants cannot stay in their homes even though the necessary financial and consultative assistance are provided. Transport and technical aids, including prostheses, are provided, and also orthopedic, physiotherapeutic and other special treatment is given when required.

Mentally retarded infants

Mentally retarded children are entitled to be admitted to a special kindergarten. The first special kindergarten was established in 1956. Now we have 51 kindergartens of this type with about 1,ooo places, but during recent years ever more parents

and experts wish to use ordinary kindergartens.

There are four holiday and relief homes where mentally retarded children may stay up to three months. Several children's homes are now able to offer special treatment.

The law orders the care service to instruct parents of mentally retarded children in respect of care, treatment and stimulation. The purpose is to create a life for the mentally retarded child and his parents which is as close to normal life as possible. The parents must be informed of the possibilities they have of getting assistance through the care service, hospital service and education.

If the mentally retarded child develops towards psychotic behavior special guidance may be required with a view to preventive measures and treatment.

It has been realized that education is essential to rehabilitation, irrespective of the nature of the handicap, but in particular where the child is psychically handicapped.

Social measures

Social measures for children are the responsibility of the social and health services in regional and local authorities.

The provisions on this are set forth in the Social Services Act of 1974 as amended on June 8, 1978. This amendment marks the termination of many years' work at transferring social institutions from the state to local authorities and at transferring all special educational assistance to the sphere of the Ministry of Education.

The Minister of Social Affairs lays down guidelines for social institutions for children and young people. In future the regional and local authorities are responsible for providing the necessary number of places at these institutions, including

measures for leisure-time activities. The local authorities may fulfil this obligation by running these institutions themselves by co-operating with other local or regional authorities about this or by entering into agreements with private institutions.

Statistics

The population in Denmark is 5,ooo,ooo. A birth year group comprises about 7o,ooo children. In 1977 175,216 children in the pre-school age were in day institutions, of whom 31,318 were in day care, 16,92o in day nurseries, 87,538 in kindergartens, 25,768 in recreation centres and 13,672 in age-integrated institutions.

On a national basis this gives a coverage for the 0-2-year olds of 21 per cent, and for the 3-6-year olds of 37 per cent. In addition to this, many children are minded by unregistered child-minders who are not subject to any educational supervision. They are therefore not included in the public statistics. The school system admitted 54,93o children into pre-school classes.

The coverage of social institutions varies from district to district, it being zero in a few rural districts and seventy odd in districts in Greater Copenhagen. It is planned to increase considerably the number of day institutions in the period 1978-83.

The need for places at day institutions is related to an increasing number of housewives entering the labour market. Investigations show that 61 per cent of all married women aged 18 to 49, who have children in the pre-school age, are employed within the private or public sector. In the decade from 1967 to 1977 227,ooo women entered the labour market. Most of these women work part-time, but 6o per cent of their 0-6-year olds required care in 1975, and since then the number has risen sharply. To this should be added the number of children who need special education, without necessarily having a social need.

Apart from unregistered child-minders, the personnel consumption in 1977 was 23,834. In day nurseries there are 32 employees for every 1oo children, in kindergartens 15 and in recreation centres 12.

The government contributes 5o per cent towards payment of the running expenses after deduction of parents' payments which amounts to 35 per cent of the total expenses apart from real property costs. They are paid by the local authorities.

Parents with low incomes get free places for their children, and free places are also provided in special cases of social or special educational needs. The services provided for the handicapped children by society is free irrespective of the financial affairs of the parents.

The social authorities will pay the salary of a support educationist for a physically, psychically or socially handicapped child if the staff at the institution is not able to cope with the task. The local authority pays these expenses, but receives a 5o per cent reimbursement from the county (government). At present 3o million dollars is spent on this purpose. The support educationist must not be confused with the support teacher who belongs to the school system. Similarly, within the educational field individual support may be given to handicapped children with a considerable reduction of numbers of weekly lessons, though.

Owing to the local authority responsibility of providing the necessary number of special educational offers as well as social educational arrangements to children in the pre-school age, it has been considered expanding the co-operation with the educational sector, for example to use the same buildings and personnel.

The efforts to intensify co-operation between the social and educational sectors are strengthened by the wish for more emphasis on educational qualifications in the staff of the social sector. To this should be added the good experience in recent years of providing early and qualified educational assi-

stance to handicapped children or children particularly at risk of developing handicaps.

Institutions for infants comprise 3o children divided into groups according to age or into "family groups" consisting of children in various age brackets. Every 3 to 4 children have one teacher. It is desired to create emotional and social contacts between the teachers and the individual child. Confidence is given high priority, and to this end teachers co-operate closely with the parents. The very stringent hygienic rules are today neglected in favour of educational views on psychically stimulating environments.

Kindergartens are divided into part-time and full-time kindergartens.

The difference in the pedagogical lend has decreased concurrently with employment of staff with uniform qualifications.

It is a declared political goal to offer all children places in kindergartens.

Until then the handicapped children can obtain a preferential position. Therefore, 8 to lo per cent of the children in kindergarten suffer from a physical or psychical handicap. They are observed and discussed at least twice per year with doctors, psychologists and parents.

Preventive work among expectant and nursing mothers and infants[1)]

The principles relating to ante-natal and post-natal care for expectant and nursing mothers were laid down in an act in 1945. Persuant to this act general medical examination of expectant mothers by a doctor and a midwife was introduced. The act was revised in 1972, and from then expectant mothers became entit-

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1) The account in this section is based on information from Professor Bengt Zachau-Christiansen, M.D.

led to 5 free medical examinations, of which 2 to be post-natal, as well as to an unspecified number of preventive health examinations by a midwife (originally 7 consultations). Almost 100% of expectant mothers accept the offer of the first medical examination, and approximately 80% of the expectant mothers subsequent medical examinations. The fall must be seen in relation to the fact that some of the women have their examinations carried out at a hospital. The same circumstance probably accounts for the fact that approximately 65-70% of expectant mothers have made use of the examinations by a midwife. After the midwife service has come under the county alone, increasing efforts are being made - also via health visitors - to ensure that everybody come to the medical examinations in the last part of pregnancy.

The 1972 act recommends that any woman who wants so can have her child outside her home. In 1977 less than 1% of confinements took place in the homes. 75% of confinements took place at obstetrical special departments, and the rest were distributed on ordinary surgical departments and clinics.

In connection with the medical examinations, care and health courses during the ante-natal period are arranged; these courses are based on guidelines on ante-natal and post-natal care issued by the Medical and Health Board in 1976, as well as on the Leisure-time Education Act, and according to the latest statistics available approximately 25% of expectant mothers attend such courses.

A system to prevent children suffering from chromosome diseases and a number of hereditary metabolic disorders from being born is in the process of being built up, ensuring that tests of amniotic fluid made early in pregnancy can be performed. In 1978 the Ministry of the Interior laid down the first national rules, according to which 3 advisory clinics are set up to begin with at the State training hospital and the Kennedy Instituttet in the Greater Copenhagen area, and the Human-Genetic Institute at the University of Aarhus; analyses of chromosomes in the amniotic fluid are carried out at these clinics, and at the two former institutes tests to determine metabolic disor-

ders are also carried out - with tests of amniotic fluid as well as on babies. It is intended to expand the service, in particular more laboratories for testing chromosomes. Analyses of amniotic fluid will be offered to all expectant mothers over 35, as well as to all who are found by the service to have a disease in the family endangering the unborn child, and this includes children being born with meningocele.

To this should be added that the blood of all new-born babies is examined for Folling's disease at the State serum institute. Experiments on a national basis are at present being carried out to ensure an early diagnosis of cystic fibrosis in the first stools of the child.

After the child has been born society's offers to him or her are first and foremost the domiciliary of health visitors and routine medical examinations of the child by the family doctor.

The first legislation concerning health visitors was introduced by the 1937 act on the combating of illness and mortality among children in their first year of life, and this act offered 1o visits to the child's home. It took many years before the agreement covered the entire nation; after 25 years' operation the arrangement covered 75% of the children in the country, as many rural municipalities in Jutland had not yet established health visitors schemes; gradually health visiting to cover arising needs was established.

In 1963 possibilities were opened up for health visitors to expand their work to comprise all the period a child can be considered a baby. Only in 1973 a duty for local authorities to have a health visiting scheme, and the principle to follow children with special needs after the "baby stage" was laid down in an act; the result was that up to 15% of families with infants have received visits by health visitors after the child was over the baby stage, although recent examinations indicate that health visitors continue to aim at infants, first and foremost. The health visiting schemes are popular - only o,3% of families turn away the health visitor. Most health visitors al-

so work at primary and lower secondary schools as school nurses.

The preventive medical examinations of children became statutory in 1946, and for more than 3o years 9 preventive health examinations by the family doctor have been offered. The visits take place when children are 5 weeks, and 5, lo, and 15 months' old, and 2, 3, 4, 5 and 6 years. These offers have had the result that the child health centres, which were introduced in this country in 1908, are as good as non-existing today, with the exception of the City of Copenhagen, where 22% of routine medical examinations are carried out at child health centres. The routine medical examinations are used to an increasing extent; the total utilization in 1957/58 was 58%, and in 1974/75 81%, where approximately 95% of the children were medically examined in their first year of life, with a drop to approximately 45% at the age of 6. At the routine medical examinations most of Danish children are vaccinated against whooping cough, diphteria, tetanus, and polio. Vaccination against tuberculosis is not offered until the children reach the age of compulsory education.

In these years a restructuring of routine medical examinations is being prepared. In 1978 the Medical and Health Board published a new instruction specifying the psycho-social aim of the examinations. An additional intensification of the work in the pre-school age may go towards concentrating on individual examinations, for instance of the 4-year-olds, as well as to make examinations more inter-disciplinary, so that, to a higher extent, they can contribute towards detecting the infants who are in special need of educational provision before they reach the age of compulsory education.

Dental inspection and treatment of children was introduced at the end of the last century. In 1936 the situation was that 25% of the towns in the country had a school dental service; as late as in 1966 only about 5o% of school children were offered school dental treatment. The Act on Dental Inspection and Treatment of Children, 1971, as amended 1976, has opened possibilities for school dental service to comprise all infants from the age of 3, possibly 2. Pedodontists want to become more involved in the general preventive work regarding infants.

Cooperation about the child

It is a guiding principle of the school legislation as well as the social and health legislation to prevent retarded development and to promote confidence and well-being.

The social legislation requires anybody who learns about cases of neglect or humiliating treatment of a child, or who knows that a child lives under conditions endangering its health or development, to notify the social committee in the local district about this.

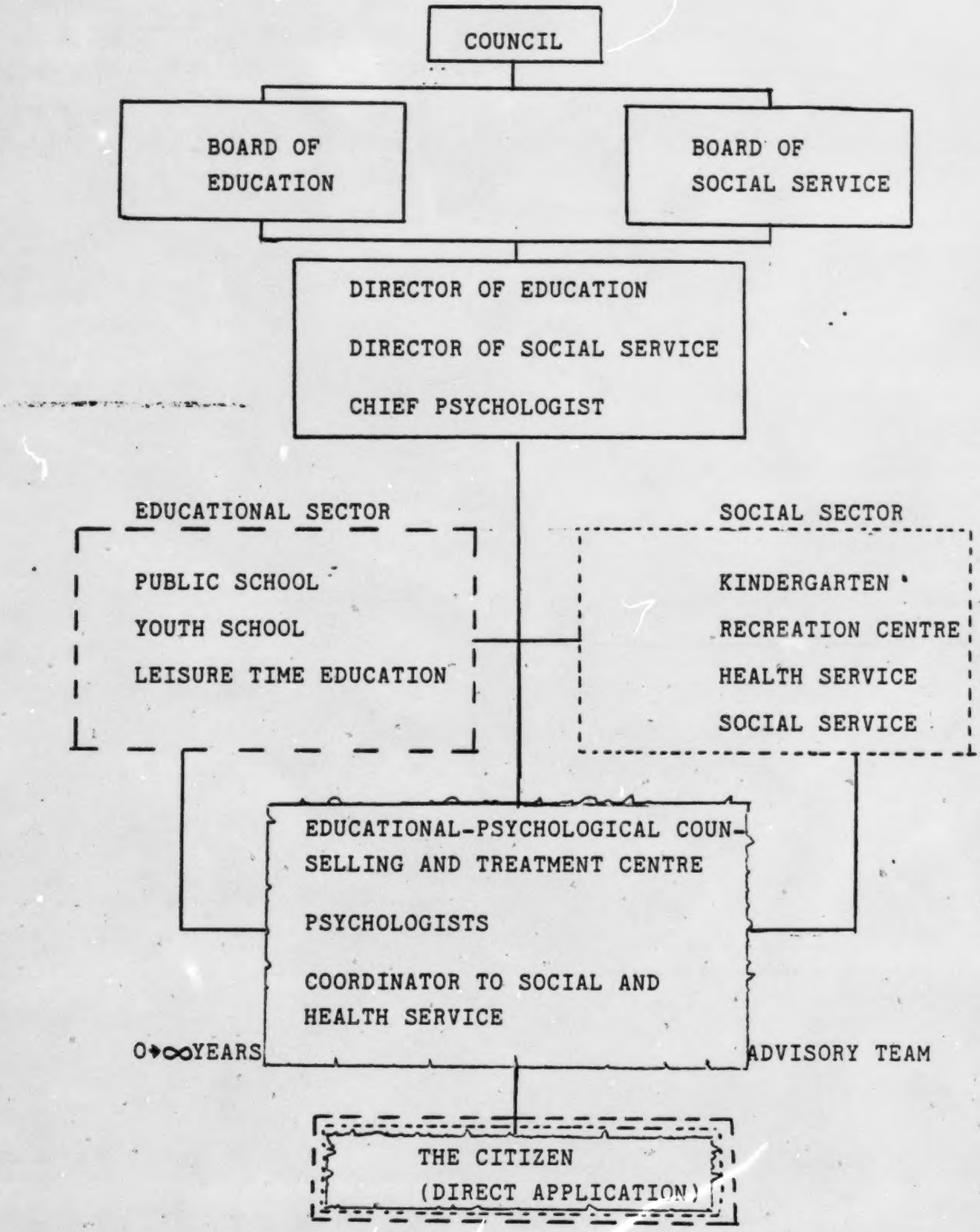
The educational, social and medical sectors are each in their respective spheres responsible for qualitatively and quantitatively reasonable offers to the population. Each of the three sectors is at the same time adviser to the two others, and the legislation urges them to cooperate on measures for the handicapped. The starting point is coincidence of clients and interests, and also the wish for making the most of common resources.

Structure

Cooperation between the educational and social sectors about a child may be organized in various ways. A case in point is a model named after the municipality in which it was first put into practice.

Cooperation may take place at several levels. A permanent liaison body is composed of the senior officials of the education and culture department, the social and health department as well as the educational-psychological service, which administratively is within the sphere of the education and culture department. The triumvirate decides on fundamental, administrative questions and may submit recommendations to the political authorities. In cases of doubt the matter is decided by the committee on education and culture to which the educational-psychological service belongs.

The Karlebo model:



Implementation of remedial measures which are not directly comprised by the examiners' authority will be decided by heads of division. Usually, the head of the educational-psychological service participates in meetings between heads of division.

The general treatment of cases is discussed at meetings where anybody may participate who is able to contribute towards solving the child's problems - psychologist, teacher, social worker, health visitor, social care officer, doctor, any other specialist, and of course the parents.

In all decisions emphasis must be attached to the parents' views and their choice between alternative solutions put forward by the educational-psychological service.

Meetings may be held where it is deemed expedient - at the school department, social department and the child's home or at the school psychological office, the district school and a day or day-and-night institution.

The meetings make it possible to exchange views on the child's qualifications and possibilities at a later time.

Educational-psychological service

There are many approaches to special educational assistance. The most obvious one is that the parents themselves apply to the educational-psychological service (school psychological office). The 275 municipalities in Denmark are served by 120 advisory offices. Small municipalities share an office. An office covering an area with about 5,000 children and young adults is typically staffed by

1 SENIOR SCHOOL PSYCHOLOGIST

2 EDUCATIONAL PSYCHOLOGISTS

2 CLINICAL PSYCHOLOGISTS

1 SOCIAL WORKER

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PART-TIME :

1 SPEECH AND HEARING CONSULTANT

1 CONSULTANT FOR THE MENTALLY RETARDED

1 CONSULTANT FOR BACKWARD READERS

1 CONSULTANT FOR THE EMOTIONALLY AND SOCIALLY RETARDED

1 COUNSELLOR CONNECTED WITH THE ACTIVITIES CONCERNING BACKWARD SCHOOL-LEAVERS

1-3 CONSULTANTS FOR SPECIAL CLASSES

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1 PSYCHIATRIC CONSULTANT

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If a handicap group is too small for a municipal consultant to be appointed - for example the blind - the consultant will be appointed by the county authorities to serve the local advisory offices.

In a few cases - for example the blind-deaf group - the consultant serves the whole country.

Parents may also approach the district school in the social department, the health visitor, their family doctor and the child's day institution or day-and-night institution. Recommendation of special educational assistance will then be sent by the person or institution concerned to the educational-psychological service.

Information to the "users"

Information is communicated best through personal contacts between parents, staff at the institutions and employees at the educational-psychological service. Parents' meetings and staff meetings may be part of such information activities. And

it is also important to keep the political authorities informed, and to cooperate with the organizations of handicapped people and the organizations of the staff.

Parents are often most open to advice around the time of the birth of the child, the visits of the health visitor and the commencement of schooling. Leaflets and easily read accounts will then be useful.

Some parents are afraid of registration, journalization, control and tutelage in connection with assistance from public authorities. A means against this is openness. Where possible, the parents should participate in decisions and have a say in decisions about their child. They should be informed of entries into journals and, in particular, of the kind of information passed on to other authorities.

When a child leaves school or is discharged from an institution, all reports will be returned to the educational-psychological service, and when schooling is terminated all files should be destroyed if the parents so wish. Tact and caution must be displayed in respect of written reports. The parents should always know the name of the person having information about their child, and what information it is.

Increasing number of advisers seems to have increasing difficulties of cooperation with parents in its wake. Therefore, it is important that one specific contact person follows a child and is responsible for it. In Denmark, it is a tradition that the form master follows "his children" during the entire school sequence. Similarly, the same contact person from the educational-psychological service follows the child he is responsible for, irrespective of changing measures and institutions involved. Thus, all handicapped children and their homesget a permanent adviser whom they may approach in matters of special education.

The health visitor possesses considerable knowledge about infants in her or his district. The visiting field work is therefore based on intimate contacts between her or him and the educa-

tional-psychological service. Usually, joint meetings are held about concrete as well as general matters. This activity may be extended to include general practitioners, lawyers, priests, dentists, registered child-minders and other "key persons". Experience disproves the assumption that the general practitioner has no time to spend on such inter-disciplinary meetings.

Treatment

The first treatment of a case may be that parents are present at educational and psychological tests, participate in deliberations and receive guidance.

Anybody who in his daily work deals with the child, is, as far as possible, involved in the efforts to create an environment that will promote development. This is in particular important if the child is linguistically retarded and it is past the most favourable time of acquiring language. Learning of concepts often begins with stimulation of senses and motor functions in the form of plays that affect the child cognitively and linguistically.

In connection with a treatment plan the child may be admitted to a kindergarten, if required a special kindergarten, which has attached to it, on full or part time, a specially qualified teacher experienced in group work among language-retarded infants. The number of children in a special kindergarten must not exceed six. The children are normally engaged (taught) three hours per day five days a week in periods of three months. As they have been thoroughly examined - also by a speech and hearing consultant and an infant psychologist - before they start, the time may be used for a carefully planned stimulation and training programme. As children for special kindergartens come from a rather large area, they will be transported by taxi or special buses, or they will stay at monday-friday homes.

The most usual offer is ambulatory assistance from a consultant or specially qualified teacher. This form permits attention to be attached to the child's strong points and, frequently, motivation for the measures to be found in the environment, to a greater degree than by segregation.

Integrating efforts have made it common to place a support educationist at the disposal of the home or institution, which is thus enabled to keep a severely handicapped child. At present about 2,000 support educationists are engaged in this work.

Many 5-6-year olds do not possess a vocabulary which is up to the standard of their age group. They display an uncertain understanding of language and form incomplete sentences. Besides having general language difficulties they may suffer from lisping, snuffling or hoarseness. These drawbacks require cooperation between dentist, school doctor and laryngologist.

It is always a strain for a child to have a wrong voice function, but the inconveniences are in particular great in respect of persistent stammering. Here inter-disciplinary cooperation is often put to the test.

The Karlebo model [2)]

EPS (Educational-Psychological Service) is an offer to all children and young adults (0 to about 20 years old) and their parents living in the municipality of Karlebo. There are nearly 18,000 inhabitants, and more than every third is under 18 years so the age composition of the population is unusual in Denmark. There are only a few grandparents. Experience shows that a grandfather or -mother may be important to satisfy a child's need for stable grown-up contact during childhood.

As the municipality has no industry and very few self-employed artisans the parents must go to Copenhagen or other towns to get a job. This means a long and often very strenuous trans-

2) The account has been worked out by Elizabeth Jacobsen, M.D., senior school psychologist.

port. Consequently, the family has very little spare time together.

There are some agricultural areas, and some families live in single-family houses with a garden, but mostly the new buildings are blocks of flats with occupiers of low social status.

The move to Karlebo often coincides with a family event, such as a divorce, etc. Many parents are single.

EPS is the local authority's free offer to those who are in need of educational (for example by speech and hearing teacher) and psychological (cognitive - emotional social development) examination, treatment and counselling.

The purpose of the EPS is decided by the political attitude in the municipality, i.e.: to prevent or relieve social or other handicaps that may threaten a child's development.

In Denmark considerable interest has been attached to the examination of the conditions that may threaten a child's development.

Especially general practitioners, but also psychologists have done research since the 1960s.

To sum up one might say that it is very difficult to isolate the casual factors be they social, economic or emotional.

When the conditions which in general are considered harmful coincide, the probability of maladjustment increases and preventive measures are needed.

Most of the families in which the children's development is in danger cannot be identified by early observable characteristics.

Preventive efforts aimed at getting contact with as many as possible of these threatened families, are not designed to

care of families with for example specific social or financial problems.

We shall not know for certain what children are at risk until one or several of the threatening conditions have caused a problem.

The preventive work must not be centered around parts of the child's development, it is necessary to make an integrated effort that comprises all parts of the child's everyday life, home, kindergarten, school, recreation centre, etc. - the preventive work will have to be extended to cover all childhood.

EPS is an integrated part of the offer to all children in the municipality - and perhaps the most important part of the work is the inter-disciplinary coordination. The preventive aspects of this work is secured by formalized cooperation among those who follow the child while it is growing up.

The core in that work is the child and those who are part of the child's everyday life, mainly the parents, but also educationists, teachers, health visitors, etc. Around the child inter-disciplinary cooperation has been formalized between teachers in special education, psychologists, social workers, physicians, etc. These experts may be consulted for advice or more directly to take part in the work in connection with a child or family.

In addition it is possible to coordinate many-sided assistance (social, psychological and medical). This is a way to make the child's daily life somatically, psychically and socially as safe as conceivable.

If needed, it is possible to cooperate with or to consult hospitals, medical specialists, the care service of the handicapped, etc.

Those employed by the EPS are:

7 psychologists
4 speech and hearing teachers
1 educationists
1 social worker
4 secretaries
1 child-psychiatrist (part-time)

The head is a psychologist.

EPS's work may be done at three levels.

1) a political level by giving relevant information to politicians and administrators.

2) institution-level by giving seminars for teachers in the nurseries and kindergartens, for primary school teachers, etc., or by participating in parents' meetings or study groups.

3) individual level by examining or giving treatment to a child and the parents if they accept it.

The treatment may be psychotherapy or special educational training.

Speech and hearing training may take place for example at the kindergarten or the school, often in cooperation with the teachers.

The child may visit the EPS-office for speech and hearing training, too, often together with its mother or father who continues the training in the home.

Examples of treatment by a psychologist are

psychotherapy (individually or in families)

play-therapy

or the giving of advice on the up-bringing of children.

Example of an examination of the starting of schooling in a Danish borough with about 50,000 inhabitants [3)]

In a research and development work 87 children, born in 1971, have been followed from the school year 1977/78 by educational observations and psychological functional tests. In addition the children's development from their birth has been described after exhaustive interviews of their parents.

The object was to examine what needs the primary school is to meet at the time when compulsory education commences, and which children need special attention with a view to identifying handicaps and educational-psychological assistance, whether the pre-school class per se is an adequate offer to children or whether special educational assistance was required previously and was given.

Methodical division into experimental and control groups:
The E-group comprises all children in the local district who were born in 1971, but who did not attend the pre-school class, in the school year 1977/78 a total of 48. Of them 37 children were admitted to an ordinary kindergarten, and of the other 11, 3 were exclusively minded in the home, 8 partly in the home and partly in a recreation centre. The C-group is composed of 39 children in two pre-school classes, selected statistically so as to make the parents' social group status correspond to the national social groups in Denmark.

Technique: In January and June 1978 two psychological functional tests were performed, and in May 1978 kindergarten teachers filled in an educational observation form. Both examinations included motor ability in all its aspects, linguistic, impressive, perceptive and expressive funtions, vocabulary, memory and learning of things seen and heard, development of concepts,

3) The account is based on information from F. Bruntt, senior school psychologist, Fredericia, 1st partial report 1979.

ability to get associations, and social development. Moreover, parents were interviewed about the child's material conditions, family matters, development and problems, the practical situation of the family, the service provided by the local authority, parental considerations when choosing kindergarten (pre-school class) for their child, practical problems of starting school as well as the parents' expectations of and attitudes to the school.

Practical implementation: The initiative to the examination came from the school psychological service. In the beginning psychological personnel was used, later on primary school teachers and kindergarten teachers. To ensure exchange of information between the various sectors in the local district, a working party was set up, composed of representatives of the school system, the social service, the health service, politicians and administrators as well as representatives of the teachers.

Identification of problems: The E-group turned out to be the most handicapped group - for example 18 children had their commencement of schooling postponed and many needed special educational assistance. In 1978/79 7 receive such an assistance in the first form and the pre-school class, respectively. The assistance consists of speech and language training, training in motory coordination and general stimulation.

The children came usually from a family with two children where the parents did not know how to cope with their role as educators. Offers of assistance will then be required to secure a general, social development.

If parents are afraid that their child will be retarded in terms of development, they may ask the staff at the day institution or the family's health visitor to give their opinion. They may also approach their doctor, and only in one case (enuresis) was the social department contacted.

Referral to special educational assistance is characterized by much uncertainty in respect of children under the compulsory education age. The health sector knows too little about development problems in children.

The doctor may find support in pediatric departments, child psychiatric clinics, care institutions, speech and hearing institutes, or request the parents to wait and see.

70% of the parents of the 87 children comprised by the examination find that the school psychological service should be coordinating, as one location which everybody may turn to for educational-psychological counselling in the local environment!

The conclusion is the health services and the annual medical examinations should be supplemented with inter-disciplinary counselling of the school psychological service (teachers, specially qualified teachers, social workers as well as educational and clinic psychologists) to ensure, in the local environment, early discovery of handicaps in children.

Early diagnostication takes place only in the most serious cases where the doctor refers the child to hospitals or institutions which have the drawback that they may be situated far away from the home. Previously, school psychological service was not available to children under the school age, but will be so as from January 1, 1980.

Early assistance is in particular provided for children suffering from physical handicaps. Usually, the parents experience a good effect.

The primary object of the examination was not to intervene, but the results were used for giving advice about starting of schooling on the basis of the child's situation in terms of development, and for implementing speech, language and other general, stimulating training as well as visual and motor development.

In most cases the assistance should have been provided at an earlier stage, but that requires extensive cooperation and visiting field work in the local environment, which is now being developed.

Information about the need for early efforts

The project group has brought about exchange of views and information between the social, health and educational sectors.

An example of a change due to the project is that all children in a pre-school class may continue in a "social" kindergarten. Cooperation between the staff in the various sectors has been intensified, and there are better possibilities of training, observation and early stimulation of children as well as counselling parents, primary school teachers and kindergarten teachers as well as health staff.

The results have been communicated to parents, teachers and others in the local districts through the media and direct notifications, as well as through evening courses.

Special educational assistance for language-retarded infants in a municipality in Greater Copenhagen [4)]

In the school year 1973/74 the municipality of Glostrup (20,000 inhabitants) was able to offer special educational assistance from the school system to all children and young adults suffering from speech defects and impaired hearing.

Surveys of special education for schoolchildren in the period 1965/72 showed that the age of children referred owing to language difficulties had constantly declined.

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4) The account is based on information from Knud Hare, speech and hearing consultant of the school psychological service in Glostrup.

Education in this field had till that time been provided by the state with the exception of speech instruction which Glostrup initiated in 1968 for children in the last year before they started at school. The age distribution of children receiving speech instruction was in 1972/73: infants 55.8%, 1st and 2nd forms 22.9%, 3rd, 4th and 5th forms 17.3%, 6th - 10th forms 4.2%. These figures show the need for efforts at an early stage. The wish for such efforts was shared by staff at day institutions and parents.

As the state was responsible for special education of infants an agreement had to be made between the State Institute for Speech Disorders and the local authority about the organization of the work.

The scheme in the municipality of Glostrup was then established in 1972/73 as an experiment with extended offers from the municipal school service of special educational assistance to infants. The local authority undertook the financial obligations in relation to this work.

The work was organized and headed by the speech and hearing consultant of the school psychological service.

It war to be expected that most applications for special educational assistance would be submitted through the day institutions in the district, but the offer was to apply to all infants in the district. It was therefore necessary to inform others than the staff at the day institutions about the scheme, for example health visitors and general practitioners. Parents learnt about it thrcugh the local papers.

The authorities are kept informed about the work through annual reports.

The speech teachers have visited the kindergartens according to a fixed weekly schedule, and the instruction has been given there or in a few cases at the schools or at the pupil's home.

The visits in the kindergartens have established intimate contacts between teachers and staff, permitting current exchange of information. Courses and meetings have been held for the staff at the institutions, and the speech teachers have offered to give lectures at parents' meetings.

When making their recommendation for speech instruction the speech teachers have made anamnesis and conducted an educational-psychological examination. They have worked out a report and proposed measures. In most cases the measures reside in providing speech instruction, but other assistance may be implemented as well, for example admittance to a kindergarten or arranging financial support from the social and health administration. In some cases a support educationist has been made available, who is a social care officer who follows the child during some of the week's hours to relieve the pressure on for example the parents. Medical aid has been provided, sometimes from a specialist doctor. In case of hospitalization contacts have been established with the ward in question. Special observation of children has been desirable in a number of cases, and this observation has been made in observation groups. This has in a few cases lead to children being adopted in an education group. Parents have in all cases been exhaustively informed and counselled regarding the treatment of the speech disorder.

The relation between language and motor functions turned out to be a problem. This has experimentally been solved by the appointment of a physiotherapist with a special insight into the relations between language and motor functions. The physiotherapist's job is to assess the motory development of the child and counsel parents and educational staff.

Moreover, the local authority has made provision for lending of educational toys from the educational centre.

Handicapped infants may upon referral borrow toys, games, etc. that promote their development. The head of this particular service instructs parents as regards the function and application of the material.

After the introduction of the "infant scheme" in the municipality of Glostrup, 60 to 70% of the referred children are infants. Some infants have overcome their speech disorders before they start at school, while in other cases it has been necessary to continue the speech instruction in the primary school as well. A few children have been referred to the centres of the county for special education.

It is essential that the speech teachers learn about the speech retarded infants before they start schooling so that the teachers will be able to offer advice in this period.

It is difficult to say exactly how much the early measures increase the consumption of speech educational manpower. In some cases the work is merely transferred since the work done before the children start at school means less work during the period of schooling.

Usually, speech instruction begins when the child is three or four years old, but recently wishes for an even earlier start have been expressed. Several nurseries have applied for this. These wishes should not be rejected, but the work with so young children changes in character. The special educational assistance is more in the nature of advice than of traditional speech education. The toy lending system may play an important role in this respect.

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